# **FORM D**

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

142	55	<u>.</u>
OMB	APPR	OVAL
OMB Num	ber:	3235-0076
Expires:	April	30,2008 ge burden
Estimated	averaç	je burden
hours per r	espon:	se 16.00

SEC USE ONLY					
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Filing Under (Check box(es) that apply): Rule 504 Type of Filing: New Filing Amendment	☐ Rule 505	ULOE SEG Mail Processing Section
A	. BASIC IDENTIFICATION DATA	164.00
I. Enter the information requested about the issuer		JAN 2 9 2008
Name of Issuer ( check if this is an amendment and name	me has changed, and indicate change.)	
Ultimate Rodeo, Inc.		Washington, DC
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Numb (Including Area Code)
435153 E. 200th Road, Vinita, Oklahoma 74301		918-256-5213
Address of Principal Business Operations (if different from Executive Offices)	(Number and PROCESSED	Telephone Number (Including Area Code)
Brief Description of Business	IAN 2 1 2000 7	
Internet Retailer & Auctioneer	JAN 3 1 2008 7	
	IHOMSON	TO DESIGN OR HE LESS COURT HOUSE COURT BRIEF BILLS BING COU
Type of Business Organization  Corporation limited partne	ership, already formed ANCIAL other (	please spec
business trust limited partne	ership, to be formed	
		mated e:
GENERAL INSTRUCTIONS		
Federal: <i>Who Must File</i> : All issuers making an offering of securities in 77d(6).	n reliance on an exemption under Regulation D	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C
When To File: A notice must be filed no later than 15 days and Exchange Commission (SEC) on the earlier of the date it which it is due, on the date it was mailed by United States of	it is received by the SEC at the address given b	g. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date or
Where To File: U.S. Securities and Exchange Commission,	, 450 Fifth Street, N.W., Washington, D.C. 20	0549.
Copies Required: Five (5) copies of this notice must be file photocopies of the manually signed copy or bear typed or pr		lly signed. Any copies not manually signed must be
Information Required: A new filing must contain all inform thereto, the information requested in Part C, and any material not be filed with the SEC.	nation requested. Amendments need only report of the information previously support of the information previ	ort the name of the issuer and offering, any changes blied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.		
State: This notice shall be used to indicate reliance on the Unifor ULOE and that have adopted this form. Issuers relying or are to be, or have been made. If a state requires the paymaccompany this form. This notice shall be filed in the application of the state requires the paymaccompany this form.	n ULOE must file a separate notice with the nent of a fee as a precondition to the claim for propriate states in accordance with state law	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shal
	ATTENTION	Courses to the Abo
Failure to file notice in the appropriate states we appropriate federal notice will not result in a log filing of a federal notice.	vill not result in a loss of the federal e ss of an available state exemption unl	exemption. Conversely, failure to file the ess such exemption is predictated on the

		A. BASIC IDI	ENTIFICATION DATA		
2. Enter the information req	uested for the fol	lowing:			
Each promoter of the	s issuer, if the iss	suer has been organized w	ithin the past five years;		
Each beneficial owner	r having the pow	er to vote or dispose, or di	rect the vote or disposition (	of, 10% or more of	a class of equity securities of the issuer.
			corporate general and man		
		f partnership issuers.	, ,	•	·
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if James Painter	individual)				
Business or Residence Address 10724 High Crest Ct, How	•		ode)		
Check Box(es) that Apply:	Promoter	P Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Paul Mendell	individual)				
Business or Residence Address	Number and	Street City State 7in C			
Business of Residence Address 435153 E. 200th Road, Vin			Jul.)		
	•		- Committee Offices	Disastes	Constal and/or
Check Box(es) that Apply:	✓ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Sharon Mendell (Secretar					
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
2290 E. 380 Road, Talala,	OK 74080				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	· · · · · · · · · · · · · · · · · · ·			, , , , , , , , , , , , , , , , , , , ,
Business or Residence Address	s (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and	Street, City, State, Zip C	ode)		
	(Lice bla	ank sheet or conv and use	additional copies of this s	heet, as necessary	<u> </u>

	-			B. 17	NFORMATI	ON ABOU	T OFFERI	NG				
1. Has the	issuer solo	l, or does th			ll, to non-ac						Yes	No <b>⊠</b>
2. What is	s the minim	um investm									s 1,00	00.00
2. Wildt i.	s the initial	um mvesui	iene that w	iii be acce	prod Irom a	,					Yes	No
3. Does th	he offering	permit joint	ownershi	p of a sing	le unit?	·····		••••••			K	
commis If a per or state	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Name (Last name first, if individual)											
Full Name (	(Last name	first, if indi	vidual)									
Business or	Residence	Address (N	lumber and	i Street, Ci	ity, State, Z	ip Code)				•		<u></u>
Name of As	ssociated Bi	oker or De	aler									
States in W												
(Check	"All State:	s" or check	individual	States)			·····	***************************************	***************	***************************************	☐ A1	States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Name of As	ssociated B	roker or De	aler	-					•			
States in W												
(Check	c "All State	s" or check	individual	States)							☐ AI	States
IL MT R1	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Full Name	(Last name	first, if ind	ividual)			-					·	
Business o	r Residence	e Address (	Number an	d Street, C	City, State,	Zip Code)			,			
Name of A	ssociated B	roker or De	aler									
States in W	hich Person	n Listed Ha	s Solicited	or Intends	s to Solicit	Purchasers						· · · · · · · · · · · · · · · · · · ·
(Checl	k "All State	s" or check	individual	l States)				•••••		••••••	☐ Al	l States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	·	\$
	Equity		§ 11,250.00
	✓ Common Preferred		
	Convertible Securities (including warrants)		<b>s</b>
	Partnership Interests		
	Other (Specify)		
	Total	1,200,000.00	\$ 11,250.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	3	\$_11,250.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)	<del></del>	\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		S
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$_7,500.00
	Printing and Engraving Costs		\$
	Legal Fees		\$_5,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	=	\$
	Other Expenses (identify)	_	\$
	m . 1		c 12,500.00

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	and total expenses furnished in response to Part C — ( proceeds to the issuer."			\$
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			<b>S</b>
	Purchase of real estate		\$	<b></b> \$
	Purchase, rental or leasing and installation of mach	linery [		\$
	Construction or leasing of plant buildings and facil	lities[	<u></u> \$	. 🗆 \$
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	s or securities of another	<b>]\$</b>	
	Repayment of indebtedness		\$ 70,000.00	
	Working capital	[	\$_1,117,500.0	
	Other (specify):	[		
			<b>\$</b> _	. 🗆 \$
	Column Totals	Γ	¬ <b>\$</b> 1,187,500.0	0.00 \$ □
	Total Payments Listed (column totals added)	•	_	187,500.00
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furr information furnished by the issuer to any non-accr	ish to the U.S. Securities and Exchange Commis	sion, upon writte	tle 505, the following on request of its staff,
iss	uer (Print or Type)		Date 1/23	108
UI	limate Rodeo, Inc.	Paul Trendell	1/23/	, - 3
	me of Signer (Print or Type)	Title of Signer (Print or Type)	,	
Pai	ıl Mendell	Chief Executive Officer		

# - ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No <b>⊠</b>

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
Ultimate Rodeo, Inc.	al Merall 1/23/08
Name (Print or Type)	Title (Print or Type)
Paul Mendeli	Chief Executive Officer

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

#### **APPENDIX** 2 3 4 1 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate Type of investor and explanation of to non-accredited offering price offered in state amount purchased in State waiver granted) investors in State (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) Number of Number of Accredited Non-Accredited Investors Yes No State Yes No Investors **Amount** Amount ALΑK AZAR CACO CTDE DC x 3 \$11,250.00 FL GA н ID IL IN IΑ KS ΚY LA ME MD MA ΜI MN MS

### 4 5 2 3 Disqualification under State ULOE Type of security (if yes, attach and aggregate Intend to sell offering price Type of investor and explanation of to non-accredited waiver granted) offered in state amount purchased in State investors in State (Part E-Item 1) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) Number of Number of Accredited Non-Accredited Investors Investors Amount Yes No State Yes No Amount MO MT NE NV NH NJ NM NY NC ND ОН OK OR PA RI SCSD TN TXUT VT VA WA wv WI

APPENDIX

				APP	ENDIX									
1		2				4						Disqualific		
	to non-a	to sell accredited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			amount purchased in State							
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited			Yes	No					
WY														
PR														

